## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10635637

| (Column 1) (Column 2)  |   |   |               |                                |                      |                  | SMALL ENTITY TYPE |                    |   | OR       | OTHER THAN OR SMALL ENTITY |                        |
|--|---|---|---------------|--------------------------------|----------------------|------------------|-------------------|--------------------|---|----------|----------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 34            |                                |                      |                  | Г                 | RATE               | FEE                                     | <u> </u> | RATE                       | FEE                    |
| FOR  |   |   | NUMBER FILED  |                                | NUMBE                | NUMBER EXTRA     |                   | ASIC FEE           |   | OR       | BASIC FEE                  |                        |
| TOTAL CHARGEABLE CLAIMS  |   |   | 3             |                                | * 14                 |                  | T                 | X\$ 9=             | 126                                     | OR       | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |   |   | 2 minus 3 = * |                                | *                    |                  |                   | X42=               | ,                                       | OR       | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |               |                                |                      |                  |                   | +140=              |   | OR       | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |               |                                |                      | Ļ                | TOTAL             | 501                | OR                                      | TOTAL    |                            |                        |
| CLAIMS AS AMENDED - PART II  |   |   |               |                                |                      |                  |                   |                    |   | 4        | OTHER                      | THAN                   |
|  | (Column 1) (Column 2) (Column 2) (Column 3) (Column 4)  |   |               |                                |                      |                  |                   | SMALL E            | ENTITY                                  | OR       | SMALL                      |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE                  |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus         | **                             |                      | =                |                   | X\$ 9=             |   | OR       | X\$18=                     |                        |
|  | Independent   | * ENTATION OF MI                          | Minus         | *** EDENDENT CLAIM             |                      | =                |                   | X42=               |   | OR       | X84=                       |                        |
| _  | I IIIO I PRESE  | ATATION OF M                              | OLITCE DE     | LINDEN                         | OLAIIVI              |                  |                   | +140=              |   | OR       | +280=                      |                        |
|  | 1 30  | >   |               |                                |                      |                  | <b>L</b>          | TOTAL<br>DDIT. FEE |   |          | TOTAL<br>ADDIT. FEE        |                        |
|  |   | (Column 1)                                |               | (Colur                         |                      | (Column 3)       | \                 | <b>  </b>          | *************************************** | -        |                            |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>OUSLY         | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE                  |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus         | **                             |                      | =                |                   | X\$ 9=             |   | OR       | X\$18=                     |                        |
|  | Independent   | *   | Minus         | ***                            | - Ol A               | =                |                   | X42=               |   | OR       | X84=                       |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                                |                      |                  | 1                 | +140=              |   | OR       | +280=                      |                        |
|  |   |   |               |                                |                      |                  |                   | TOTAL              |   |          | TOTAL                      |                        |
|  |   | (Column 1)                                |               | (Colur                         | nn 21                | (Column 3)       | AC                | ODIT. FEE <b>l</b> |   |          | ADDIT. FEE                 | <u> </u>               |
| AMENDMENT C  |   | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGH<br>NUM<br>PREVIO          | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE                  |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus         | **                             |                      | =                |                   | X\$ 9=             |   | OR       | X\$18=                     |                        |
|  | Independent   | *   | Minus         | ***                            |                      | =                |                   | X42=               |   | OR       | X84=                       |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                                |                      |                  | I ├               | +140=              |   |          |                            |                        |
| *  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |               |                                |                      |                  |                   |                    |   | OR       | +280=                      |                        |
| **   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE  ADDIT. FEE  TOTAL  ADDIT. FEE  TOTAL  ADDIT. FEE  TOTAL  ADDIT. FEE  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                                |                      |                  |                   |                    |   |          |                            |                        |